

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/049374

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3		↓		↓	
TOTAL DEP.	8		↔		↔	
TOTAL CLAIMS	11		██████████		██████████	

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TOTAL IND.			↓		↓			
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TOTAL CLAIMS			██████████		██████████		██████████	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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